



CONFIDENTIAL REPORT OF BLINDNESS OR VISUAL IMPAIRMENT

State Form 48126 (R2 / 9-04) / BVIS 0007

BUREAU OF BLIND AND VISUALLY IMPAIRED SERVICES

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IN ORDER TO EXPEDITE PROCESSING OF YOUR APPLICATION. DISCLOSURE IS VOLUNTARY AND YOU WILL NOT BE PENALIZED FOR FAILURE TO DISCLOSE YOUR S.S.N. PER IC 4-1-8. **Confidential per IC 25-24-1.**

PLEASE TYPE OR PRINT

| | | | |
|--|------|---|---|
| Name of patient (<i>last, first, middle initial</i>) | | Social Security number * | |
| Street address | | County | |
| Telephone number () | City | | ZIP code (<i>5 digits plus four</i>) — |
| Date of birth (<i>month, day, year</i>) | Age | Date of exam (<i>month, day, year</i>) | Sex (<i>check one</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race / ethnicity (<i>check one</i>): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian / Pacific <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> Unknown | | | |
| Is patient diabetic? (<i>check one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, what type? (<i>check one</i>) <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Unknown | |

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|---|-----------------|---|
| This is to certify that I examined the above person and the following is the result of visual testing with best correction in the better eye. | | Date of exam (<i>month, day, year</i>) |
| VISUAL ACUITY Check all that apply: <input type="checkbox"/> 20/60 - 20/180 (<i>visually impaired</i>) <input type="checkbox"/> Light projection only <input type="checkbox"/> 20/200 - 20/2000 (<i>legally blind</i>) <input type="checkbox"/> Light perception only <input type="checkbox"/> 20/2000 (<i>motion perception</i>) <input type="checkbox"/> No light perception | AND / OR | VISUAL FIELD Check all that apply: <input type="checkbox"/> 45-70° in diameter (<i>impaired</i>) <input type="checkbox"/> 21-44° in diameter (<i>impaired 2</i>) <input type="checkbox"/> 20° in diameter (<i>legally blind</i>) |
| DIAGNOSIS Check all that apply: <input type="checkbox"/> Cataracts <input type="checkbox"/> Eye injury <input type="checkbox"/> Macular degeneration <input type="checkbox"/> Diabetic retinopathy <input type="checkbox"/> Glaucoma <input type="checkbox"/> Retinitis pigmentosis <input type="checkbox"/> Other: _____ | | |
| Please add comments regarding other significant information relating to visual status which may impact education, employment, and/or other activities: _____ _____ | | |
| <ul style="list-style-type: none">● Patient given information on available services through the Blind & Visually Impaired Services and/or Vocational Rehabilitation; Division of Disability, Aging, & Rehabilitation Services; Indiana Family and Social Services Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No● Patient refused information? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Printed name of optometrist or physician | | |
| Name of practice / university | | Telephone number () |
| Signature of optometrist or physician | | Date (<i>month, day, year</i>) |
| <p>Indiana code (IC) 16-40-2-1 - Persons required to report. Each physician holding an unlimited license to practice medicine, or optometrist licensed under IC 25-24-1, shall report in writing, on forms prescribed by Blind and Visually Impaired Services, not more than ten (10) days after diagnosis, to the state department the name, age, and address of each person diagnosed by the physician or optometrist as being blind (as defined under 42 U.S.C. 416(i)) or having visual impairment of a degree to interfere with the person's functioning in school, employment, or other activities of daily living. IC 16-40-2-3 - Confidentiality. All reports filed under this chapter shall be kept confidential and used solely for the purpose of determining the eligibility of the individuals for assistance or rehabilitation. IC 16-40-2-7 - Failure to report. A person required to make a report of blindness under this chapter who fails to do so commits a Class C infraction.</p> | | |

Mail completed form to: **Blind and Visually Impaired Services**
402 West Washington St. MS22, P.O. Box 7083
Indianapolis, IN 46207-7083
Toll Free telephone number 1-877-241-8144